

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003495	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/21/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ALLURE OF GENESEO	STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET GENESEO, IL 61254
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Original Investigation of Complaint 1928533/IL117675	S 000		
S9999	Final Observations Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210d)5) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/13/19
--	-------	---------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003495	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALLURE OF GENESEO	STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET GENESEO, IL 61254
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>resident's comprehensive assessment</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to implement dietary recommendations and failed to develop a care plan for the management of multiple pressure sores for one of two residents (R1), reviewed for pressure ulcers in a sample of three. These failures resulted in R1 developing multiple, Stage 2 and Stage 3 pressure sores.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003495	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALLURE OF GENESEO	STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET GENESEO, IL 61254
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Pressure Injury Risk Assessment, dated (revised) September 2013 documents, "The purpose of this procedure is to provide guidelines for the assessment and identification of residents at risk for the developing pressure ulcers. Review the resident's care plan to assess for any special needs of the resident. Pressure injuries are often made worse by continual pressure, heat, moisture, irritating substances on the resident's skin, decline in nutrition and hydration status, acute illness and/or decline in the resident's physical and/or mental condition."</p> <p>R1's current Braden Scale for Predicting Pressure Sore Risk, dated 8/7/19 documents R1 as "At Risk" for developing pressure sores.</p> <p>R1's Communication Form and Progress Note, dated 9/29/19 documents under Section A. Skin Assessment, "Right outer ankle pressure sore and Right lower leg pressure sore." No other pressure wounds are noted on the document.</p> <p>R1's Health Status Note, dated 10/4/19 at 1:43 P.M. documents, "(R1) will be returning to this facility via ambulance today. Wound on right heel."</p> <p>R1's Nutritional Status Note, dated 10/22/19 documents, "(R1) has a Stage (2) PU (pressure ulcer) on right Achilles (2 CM X 1.5 CM) and a SDTI (suspected deep tissue injury) on right heel (5.5 CM X 5.0 CM). Recommend added protein supplement 30 ML (milliliters) for wound healing until wound is healed."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003495	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALLURE OF GENESEO	STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET GENESEO, IL 61254
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>R1's Wound-Weekly Observation Tool, dated 11/11/19 documents, "Pressure wound to left gluteal fold, acquired on 11/11/19, Stage 3. Wound measures 4 CM (centimeters) X 1.8 CM X 0.2 CM."</p> <p>R1's Wound-Weekly Observation Tool, dated 11/11/19 documents, "Pressure wound to right gluteal fold, acquired on 11/11/19, Stage 3. Wound measures 1 CM X 3 CM X 0.1 CM."</p> <p>R1's Wound-Weekly Observation Tool, dated 11/11/19 documents, "Pressure wound to coccyx, acquired on 11/11/19, Stage 2. Wound measures 1.7 CM X 0.5 CM."</p> <p>R1's Nutritional Status Note, dated 11/12/19 documents, "(R1) currently has multiple wounds. Previous recommendation for a protein supplement 30 ML BID (twice daily) was not ordered."</p> <p>R1's Wound-Weekly Observation Tool, dated 11/18/19 documents, "Pressure wound to left gluteal fold, acquired on 11/11/19, (currently) Stage 3. Wound measures 2 CM X 1.2 CM X 0.1 CM."</p> <p>R1's Wound-Weekly Observation Tool, dated 11/18/19 documents, "Pressure wound to right gluteal fold, acquired on 11/11/19, (currently) Stage 3. Wound measures 2 CM X 3 CM X 0.1 CM."</p> <p>R1's Wound-Weekly Observation Tool, dated 11/11/19 documents, "Pressure wound to coccyx, acquired on 11/11/19, (currently) Stage 2. Wound measures 4 CM X 2 CM."</p> <p>R1's Care Plan for a "Stage 2 pressure ulcer</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003495	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALLURE OF GENESEO	STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET GENESEO, IL 61254
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>coccyx" is dated 11/20/19.</p> <p>On 11/21/19 at 9:24 A.M., V2/Director of Nurses stated, "We did not get a physician's order to add a protein supplement to (R1)'s diet until 11/13/19. I didn't know anything about the order until then." At that same time, V2/DON verified that R1's care plan had not been updated to include interventions for R1's multiple pressure wounds.</p> <p>On 11/21/19 at 9:58 A.M., V8/Physician stated, "I wasn't aware of the dietary recommendation to add a protein supplement to (R1)'s diet until 11/13/19. While I won't say the added protein would have prevented further wounds, it definitely would have helped in the healing of those wounds."</p> <p>(B)</p>	S9999		
-------	--	-------	--	--